MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Eric Johnson, DMH
Scribe:	Evelyn Woodard
Date:	01/30/2008
Time:	10:30 – 11:30 AM
Location:	Wycliff Room 419

IPRS Core Team Attendees:

	Gary Imes	**Others:**	
	Thelma Hayter		Cathy Bennett
x	Eric Johnson	x	Sandy Flores
	Travis Nobles	x	Paul Carr
	Cheryl McQueen	x	Evelyn Woodard
	Joyce Sims		Chris Ferell
	Jamie Herubin	x	Rick Kretschmer
x	Mike Frost	x	Theresa Diana
x	Myran Harris		Tim Sullivan

Attendees:

x	Alamance-Caswell	x	Johnston
x	Albemarle	x	Mecklenburg
x	Catawba	x	Onslow-Carteret
x	Centerpoint	x	OPC
x	Crossroads	x	Pathways
	Cumberland		Piedmont
x	Durham	x	Sandhills
x	Eastpointe	x	SE Center
x	ECBH	x	SE Regional
x	Five – County MHA	x	Smoky Mountain
x	Foothills	x	The Beacon Center
x	Guilford	x	Wake
		x	Western Highlands

Attendees:		
Item No.	**Topics**	1. Roll call
		2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
		3. Upcoming Checkwrites (cut-off dates) – January 31 (Feb. 4), Feb. 7, 14, 21

		4. Agenda items
		• Beta Test (NPI) Requirements Review
		   • 100 records/LME/submission; Format test; full cycle run, 835
		   • **Update scheduled termination: TBD**
		• IPRS Questions or Concerns
		• MMIS Updates – Theresa Diana

		5. DMH and/or EDS concluding remarks.
		
		   a. For **North Carolina Medicaid** claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
		
		      i. Physician phone analyst (i.e. Independent mental Health Providers – 4706
		      ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) – 4704
		6. Roll Call Updates

Next Meeting: February 6, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	**Topics**
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3.	**Upcoming Checkwrites** (cut-off dates) Feb. 7, 14, 21
4.	**Agenda items** • Upcoming Checkwrite (cutoff dates) – February 7, 14, 21 Eric (DMH) – OK, as you know last week we did not have a checkwrite. We have a checkwrite this week. The cutoff date is January 31st, and this is actually for the first checkwrite in February. You can see that the rest of the February checkwrite dates listed on the agenda. Are there any questions in regard to the checkwrites? Q: Tom (WH) - Will you finalize the adjustments this checkwrite cycle? A: Eric (DMH) – For those adjustments pertaining to the budget issue, yes we are reprocessing these claims this checkwrite and the expectation is that these claims should pay. You should see these on your expenditures after this week's cycle. Q: Beth (Pathways) – Eric, could you repeat this information again? Someone was joining the conference call as you were speaking. A: Eric (DMH) – This information was pertaining to Western Highlands. Tom was inquiring specifically about the adjustments that we performed a couple of weeks ago. We had to recoup and reprocess certain claims. We are confirming with Western Highlands that we are reprocessing those claims that were affected by the NCAS adjustments. Q: Beth (Pathways) - Will that be for everybody that had adjustments? A: Eric (DMH) – Yes. Q: Jeanna (Catawba) – Could you please repeat what denials you are reprocessing originally? What were the original denials you are reprocessing this week? A: Eric (DMH) – We really cannot say specifically they were denials. It was more about claims that were processed from an incorrect budget account center. Federal funds were mistakenly used instead of State IPRS funds. About two to three weeks ago, we received an email from Wanda Mitchell from the Budget Control Office requesting that we recoup and reprocess these claims. However, the recouping and reprocessing of these claims will not affect all LME's. • Beta Test (NPI) Requirements Review Eric (DMH) – We have no new agenda items. We are encouraging everyone who has not done NPI beta testing to do so now. If you have any questions pertaining to the NPI beta test requirements, you may ask now or you can send us an email. IPRS-ECS sent the requirements for beta testing to the LME's. Are there any questions regarding NPI?

Q: Jeanna (Catawba) – We are billing NPI and we are now stuck with a lot of mapping issues and denials. Who is the point of contact we can go to in order to figure out the mapping and to determine what we will need to do to fix that?

A: Eric (DMH) – If you are speaking in regard to the last email that you sent, we have reviewed it and Paul has researched and found out what the issue was. We will have a response for you in regards to the January 23rd email that you sent.

Q: Jeanna (Catawba) – Well, I had a couple of emails that have gone out to IPRS Q and A, I have waited patiently and these emails are pertaining to different mapping solution issues.   Then I called the IPRS Help Desk, which was very helpful. Research Analyst understood along with me that claim paid at a lesser rate for procedure code billed, YP660, due to mapping the NPI.   We have providers who have become impatient and are displeased with the fact they are not getting paid and we do not know how to resolve these mapping issues.

A: Eric (DMH) – I believe Jeanna, that the way that you should proceed is the way that you have been proceeding. We cannot tell you that there will be one person who will address the mapping issue. We are approaching the mapping issues as a team. Unfortunately, it is very early in the process and we are hoping that this will become a beneficial thing to us as well to you. We intend to get back with you as soon as we can with the issues that you have.

Q: Jeanna (Catawba) – In the past, when we implemented something like this, we were giving some guidelines on what will go here and how it will process through the system based on that information, so that we would have an idea of how we should troubleshoot things. We haven't had this for NPI. Is there any kind of guideline that says, 'in this particular field, when the billing provider comes in, it runs through this set of edit check on the IPRS system and when your attending provider number comes in, it looks at these factors and when the service facility location code comes in it looks at these factors?

A: Eric (DMH) – Jeanna, we will be calling you after the meeting to help you understand. Not to brush off any future questions others may have, but we haven't determined at this point whether or not something else will be given in regard to training documentation for NPI. More so because the things that have transpired in the past were related to policy and procedure changes. Right now there is no big policy change by DMH in regards to NPI. This being a Federal guideline, the expectation is that the same numbers you were sending previously are the same numbers you are going to be sending in now as long as they have been correctly associated by the NPI number.

Q: Beth (Pathways) – We've gotten a lot of emails regarding Taxonomy a couple of weeks ago, and there is one that is specific to the LME. Are we going to be required to go back in and change that, because we have ours set up as a 251K which is a Public Health taxonomy number? A year ago, this was the only one we could find at that time. Are we going to be required as LME to change the taxonomy's type/specialty?

A: Eric (DMH) – In the future, we are planning to have a representative from DMA to come in to speak with you and address your issues that you are having around taxonomy.

Q: Beth (Pathways) – That's ok, we can ask these questions during the NPI seminar February 20th.

Deborah (Wake) – Is the implementation date March 1, 2008 or is the cutoff date February 28, 2008?

A: Eric (DMH) – Our expectation is that we are following along with the March 1, 2008 deadline as communicated. Until we hear anything differently, this is how we should proceed.

Q: Faye (Mecklenburg) – Currently we have some providers that have two different facility sites or they have one master site in which their corporate office is in Raleigh and they have various sites around the state. They have applied for one NPI number for all these sites around the state. What tool or document is out there that we can provide them that will say 'you will run into some problems once this goes into full effect in March 2008 when assigning one NPI to multiple facilities'?

A: Eric (DMH) – There isn't a tool that has been developed to give you the answer you are expecting to your question. There is no way the Division can tell a provider how to enumerate and hopefully this has been made clear. We would suggest with everyone else's enumeration, to make sure you have the correct zip+4 and it is listed correctly on the record for the NPI number you are putting in. This is our recommendation.

Q: Faye (Mecklenburg) – Does this mean that the claims will deny at some point and time if there are multiple sites applied to that one NPI or it will pay so long as they have different four digit zip codes assigned to that same NPI number?

A: Eric (DMH) – Yes, if you assign the correct zip+4 on the provider's NPI record and it is associated correctly, then yes it will find the correct legacy attending provider number. There should be no reason that your claim should deny just because you have associated a NPI with a provider. We must make sure that the correct zip+4 and the NPI number is associated correctly with the referring provider, the legacy number.

Q: Jeanna (Catawba) – Faye, are you trying to crosswalk one NPI to multiple in-house IPRS NPI numbers.

A: Faye (Mecklenburg) – Yes, say for instance this provider has ten different group homes and they used that one NPI number, but they can go to another city and they use that exact same NPI number for multiple facilities around that state for that one provider.

A: Jeanna (Catawba) – As long as your NPI, plus your address equals something different to the legacy number, you should be OK. But if you happen to have two or three different numbers that represent the same physical address, then you will have a mapping problem. For example, a provider that does PS&R, Community Support and Day Activity as the exact same physical address, get ones NPI number attached to all three places, then it has a mapping problem. Does that help?

A: Faye (Mecklenburg) - That does help. I think we have that issue, too.

Q: Susan (Centerpoint) – Could you please recap what you were just saying?

A: Jeanna (Catawba) – If you have one NPI but several CT legacy numbers that have different addresses that map against that. When you send in your billing claims, you have your NPI number plus your address. It should be able to map that to the correct NPI legacy number that you setup in IPRS that was unique for IPRS billing. If you have one NPI that matches Community Support, PS&R, and Day Activities and they all operate at the exact same physical address, which means the exact same zip+4, then you are going to have mapping problems.

Q: Susan (Centerpoint) – Are you referring to the billing level?

A: Jeanna (Catawba) – When your NPI goes in on that claim, and it has three different legacy numbers on IPRS, then the system has a problem figuring out which one to map to pay against, because there is nothing different on those legacy numbers for it to say choose one over the other. For example what we are struggling with right now is we have a provider who has one NPI, which is Community Support at the exact same physical location that we setup for an in-house legacy number for the State only, and it mapped down to the Community Support NPI number for procedure code YP660, which meant, I got paid a rate that was not provider specific, because it mapped in that direction. Also, your service facility NPI has to map to something on IPRS.

Q: Susan (Centerpoint) – That's something I have been struggling with. For the service facility, is there an edit in place to check the NPI provided against the address in the service facility loop if there are multiple locations? Is it going to be looking at the NPI for the right location just in the service facility loop?

A: Eric (DMH) – the service facility loop does utilize zip+4 in order to find a match.

Q: Susan (Centerpoint) – Ok, what I am specifically asking is the NPI in the service facility loop, does it look for the right zip code in the service facility loop? The provider has multiple locations and the NPI they are providing is the right NPI number but the address is the wrong address for that specific service. Is it going look at the zip code compared to the NPI number in the service facility loop?

A: Eric (DMH) – Yes, it will.

Q: Faye (Mecklenburg) – At one time, you all mentioned that will be some type of cross-check with the United States Postal Office to see if the right four digits were attached to the providers zip code or will the providers be responsible for ensuring that?

A: Eric (DMH) – This process took place some time ago. As long the address information for the attending provider is consistent with what is on the claims, it should be alright because we went through this process. This process will take place twice per year using the software Melissa Data. Software using the same type of database the United States Postal Services uses.

Q: Jeanna (Catawba) – Is there any kind of report that can be produced from the system that will tell us that there are claims coming in against this provider with different NPI numbers, etc. that we can work on prior to going into full production?

A: Eric (DMH) – Those reports that can help you understand better the zip code requirements are IPVR0001 North Carolina Mental Health Provider Zip+4 Update Report and IPVR0002 North Carolina Mental Health Provider Zip+4 Error Report.

- IPRS Questions or Concerns
  Eric (DMH) – Are there any IPRS questions or concerns?
  N/A

- Medicaid Questions or Concerns
  Eric (DMH) – Are there any Medicaid questions or concerns?

  Q: April (SER) – We sent an email to IPRS Q and A regarding the 'incident to' service policy and we have not received a response yet. We want to know where is it in writing the guidelines for a physician's assistant in reference to the 'incident to' policy?
  A: Theresa (EDS) – There is a N.C. Medicaid Special Bulletin located on the DMA website entitled the Expansion of Provider Types for Outpatient Behavioral Services Phase II. You should be able to review this information on the first and second page of this bulletin.
  A: Beth (Pathways) – If anybody needs a full incident to guideline, go to CMS.gov. Medicare is the one who puts all of the full 'incident to' guidelines out.

  Q: Kelly (Durham) – Just wandering has there been any updates to the CPT rates being posted?
  A: Eric (DMH) – No updates yet.

  Q: Pam (Onslow) – This is a CAP concern. What is the status of billing service code T1999 via third party insurance? We are still receiving denials when billing this service code.
  Q: Eric (DMH) – We will need to forward this to someone in Medicaid regarding this concern. Could you please forward your concern to IPRS Q and A?
  A: Pam (Onslow) – Yes, I will.
  Q: Sandy (Crossroads) – We are having the exact same problem with CAP Medicaid and we have this issue for months and months. It seems that we are not sending in the information on the claim as instructed in which we are getting denials that are still pending. Could you please make sure that we get a copy of whatever the answer to the problem is?
  A: Eric (DMH) – When we get the answer, we will address it during an IPRS Core Team Conference Call with all the LME's.

- MMIS Updates
  N/A

	DMH and/or EDS Concluding Remarks: For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. o Physician phone analyst (i.e. Independent Mental Health Providers)- 4706 o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 **Roll Call Updates**